

OKCPS ENROLLMENT

ANNUAL PERMISSIONS

STUDENT ID <small>(DISTRICT GENERATED)</small>		RESIDENT SCHOOL	TRANSFER SCHOOL <small>(IF APPLICABLE)</small>	SCHOOL YEAR	GRADE LEVEL	DATE OF BIRTH
FIRST NAME		MIDDLE NAME	<small>(paternal surname-as shown on BC)</small> LAST NAME	<small>(maternal surname-as shown on BC)</small> LAST NAME		
*	*STUDENT MAY OBTAIN A COPY FROM THE SCHOOL OR REVIEW THE CURRENT ONLINE COPY OF THE STUDENT/PARENT HANDBOOK FROM THE OKCPS DISTRICT WEBSITE: WWW.OKCPS.ORG . Click Parent/Students link, then click the handbook.					
UNLESS NO IS CHECKED BELOW, PARENT AND STUDENT AGREE TO THE FOLLOWING:						
<input type="checkbox"/> NO	STUDENT AND PARENT UNDERSTAND STUDENTS WILL BE HELD ACCOUNTABLE FOR BEHAVIOR AND WILL BE SUBJECT TO DISCIPLINARY CONSEQUENCES OUTLINED IN THE STUDENT CODE OF CONDUCT <small>(APPENDIX B IN HANDBOOK)</small> .					
<input type="checkbox"/> NO	STUDENT AND PARENT UNDERSTAND VIOLATING THE ACCEPTABLE USE POLICY (AUP) MAY RESULT IN LOSS OF NETWORK PRIVILEGES AND/OR OTHER DISTRICT DISCIPLINARY MEASURES <small>(APPENDIX C IN HANDBOOK)</small> .					
<input type="checkbox"/> NO	WHEN A PRINCIPAL OR TEACHER IS UNABLE TO REACH YOU IN THE EVENT THAT YOUR CHILD IS INJURED IN AN ACCIDENT OR BECOMES SERIOUSLY ILL, EMSA MAY BE CALLED AND THE COST DIRECTED TO YOU. EMSA WILL ONLY BE CALLED IN MEDICAL EMERGENCIES AND/OR IF YOU CANNOT BE CONTACTED. YOU MUST PROVIDE YOUR SCHOOL WITH CURRENT PHONE NUMBERS AND ADDITIONAL EMERGENCY CONTACTS TO BE REACHED SHOULD YOUR CHILD BECOME SERIOUSLY ILL OR INJURED DURING SCHOOL HOURS, THUS REQUIRING EMERGENCY MEDICAL TREATMENT.					
<input type="checkbox"/> NO	STUDENT IS GIVEN PARENT PERMISSION TO ACCESS, PRODUCE, VIDEO CONFERENCE, AND COMMUNICATE INFORMATION ON THE DISTRICT NETWORK RESOURCES FOR THE CURRENT SCHOOL YEAR FOR CLASS ASSIGNMENTS UNDER THE SUPERVISION OF THE TEACHER.					
<input type="checkbox"/> NO	PHOTO/MEDIA/INTERNET OPT-OUT – DISTRICT WEBSITE OR NEWS MEDIA UNDER THE SUPERVISION OF THE PRINCIPAL OR DISTRICT ADMINISTRATOR FOR DISTRICT ACTIVITIES, STUDENT AND PARENT AGREE TO THE USAGE AND OR PUBLISHING OF PHOTOGRAPHS, VIDEO, OR INTERVIEWS ON THE DISTRICT WEBSITE, NEWS MEDIA AND CLASS/SCHOOL ACTIVITIES. <i>NOTE: PHOTOGRAPHS, VIDEO, OR INTERVIEWS OF AFOREMENTIONED STUDENT, ARE PROVIDED FOR ANY LAWFUL PURPOSE WITHOUT PRIOR REVIEW.</i>					
<input type="checkbox"/> NO	PARENT GIVES PERMISSION FOR THE STUDENT DIRECTORY INFORMATION WHICH MAY INCLUDE A STUDENT’S NAME, ADDRESS, TELEPHONE NUMBER, THE NAME OF THE STUDENT’S PARENTS, THE STUDENT’S DATE AND PLACE OF BIRTH, THE STUDENT’S MAJOR FIELD OF STUDY, STUDY AND CLASS DESIGNATION (GRADE), THE STUDENT’S EXTRACURRICULAR PARTICIPATION, THE STUDENT’S ACHIEVEMENTS OR HONORS, THE STUDENT’S PHOTOGRAPH OR VIDEO, THE STUDENT’S DATES OF ATTENDANCE, AND THE MOST RECENT EDUCATIONAL INSTITUTION THE STUDENT ATTENDED PRIOR TO ENROLLING IN THE OKCPS DISTRICT. IF THE STUDENT IS A MEMBER OF AN ATHLETIC TEAM, THE STUDENT’S HEIGHT AND WEIGHT MAY BE PROVIDED TO THIRD-PARTIES UPON REQUEST. DIRECTORY INFORMATION WILL BE PROVIDED, WITHOUT PARENTAL NOTIFICATION OR WRITTEN AUTHORIZATION, TO THIRD-PARTIES WHO REQUESTS THE INFORMATION.					
<input type="checkbox"/> NO	PARENT’S RIGHT TO KNOW - OPT-OUT PROVISIONS FOR DIRECTORY INFORMATION TO MILITARY RECRUITERS PARENT GRANTS PERMISSION FOR THE OKCPS DISTRICT TO RELEASE DIRECTORY INFORMATION REGARDING THE STUDENT LISTED ABOVE TO MILITARY RECRUITERS.					
<input type="checkbox"/> NO	TEXTBOOK RESPONSIBILITY PARENT WILL BE RESPONSIBLE FOR ANY TEXTBOOKS ISSUED TO STUDENT LISTED ABOVE FOR HIS/HER USE WHILE HE/SHE IS ENROLLED IN OKCPS.					
<input type="checkbox"/> NO	PARENT VOLUNTEER (VOLUNTEER RELEASE FORM MUST BE SUBMITTED TO THE SCHOOL’S OFFICE UPON REQUEST)					
<input type="checkbox"/> NO	OKCPS IS COMMITTED TO OFFERING OPPORTUNITIES FOR THE COMMUNITY TO BE INVOLVED IN OUR SCHOOLS. THROUGH THIS COMMITMENT, YOUR CHILD MAY BE PROVIDED WITH A TUTOR, MENTOR, AND/OR OTHER VOLUNTEERS WHO WILL HELP ASSIST IN THEIR EDUCATIONAL ACHIEVEMENT.					
Printed Name of Student			Signature of Student			DATE
Printed Name of Parent or Guardian			Signature of Parent or Guardian			DATE
Email						